

August 4, 2010

TO ALL SALE OF CHECKS AND TRANSMISSION OF MONEY LICENSEES:

Enclosed is the renewal application for the Sale of Checks and Transmission of Money license currently held by you. Your current license will expire on December 31, 2010.

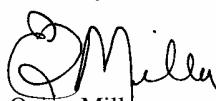
IMPORTANT INFORMATION!!!!

1. The completed application and all requested enclosures must be returned to this office postmarked no later than December 1, 2010. Failure to provide all required information in the renewal could constitute a violation of Chapter 23 of Title 5 of the Delaware Code.
2. Postmarks must be easily discernable. Renewals received after December 1, 2010 with no postmarks, or received with postmarks dated past December 1, 2010, will be treated as new applications and as such will require payment of a \$172.50 investigation fee to be submitted with the application.
3. The processing of renewal applications postmarked and/or received after December 1, 2010, will be delayed because all renewal applications postmarked and /or received on or before the deadline will be processed first. For this reason, it is probable that licenses for late renewal applications, if approved, will be issued after January 1, 2011.
4. Outstanding invoices for examination and/or supervisory assessment fees must be paid before the renewal application will be approved. Checks should be made payable to *State of Delaware*.
5. Outstanding reports (i.e. Reports of Delaware Sale of Checks, Drafts or Money Orders Volume) must be filed before the renewal application will be approved.
6. **All outstanding examination violations must be cleared before the renewal application will be approved.**

•**NOTE: The renewal application cannot be used to notify this office of an address change or to apply for new branch offices.**

If you have any questions, please contact the Licensing area at the above number.

Sincerely

A handwritten signature in black ink, appearing to read 'Quinn Miller', with a stylized 'Q' and 'M'.

Quinn Miller
Investigative Supervisor

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOOCKERMAN STREET, SUITE 210
DOVER, DELAWARE 19901

RENEWAL APPLICATION
FOR LICENSE UNDER CHAPTER 23
SALE OF CHECKS, AND TRANSMISSION OF MONEY

PLEASE TYPE

1. Name of Applicant: _____
E.I. or S.S. No.: _____

2. Contact person, title, phone number for application:

Name/Title	Telephone Number/Extension	Fax No.	Email Address
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3. Principal address where business is conducted: **The renewal application cannot be used to notify this office of address changes or to apply for a new location.** Please contact this office for instructions on the proper procedure for address changes/applying for new offices.

No. & Street	City	State	Zip Code
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Additional licensed locations being renewed (not agents): **(Must be consistent with address on existing license.)**

No. & Street	City	State	Zip Code
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No. & Street	City	State	Zip Code
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4. Applicant business is formed as a: ___Corporation ___Partnership ___Sole Proprietorship ___LLC
___Other (name type)_____ State: _____

5. All applicants must provide information regarding their registered agent for service of process in Delaware.

(a) Businesses organized in Delaware may designate the business itself, an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 132(a), Title 8 of the Delaware Code.

(b) Businesses organized in locations other than Delaware may designate an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 371(b)(2), Title 8 of the Delaware Code.

Name, Street Address, and Telephone Number of Registered Agent:

- (c) Provide proof that the licensee is appropriately registered with the federal government as a money service business. All potential MSBs need to provide proof of registration or a written explanation of why they don't have to register.
6. Please provide an updated list of Principals (officers, directors, partners, members, owner, senior management, etc.) of the business including full name, title, residential address, business address, Social Security number, date of birth, and if director, date term expires with this renewal application.
 7. Please provide an updated list of all individuals and businesses with an ownership interest in the licensee, including full name, residential address, business address, and number of shares held or percentage of ownership with this renewal application. If licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company).
 8. (a) Personal resumes and personal financial statements for all **new** principals of the business must be submitted with this renewal application. Personal resumes should include a detailed work history. Personal financial statements must be in the form of a balanced asset/liability statement. **Tax forms, credit bureau histories, and statements of net worth will not be accepted.**

 (b) Please provide an updated list of managers of all locations to be licensed (not agents). All managers' resumes must be submitted with this application. Personal resumes should include a detailed work history.
 9. A recent asset/liability statement (balance sheet - **must reflect adequate capital**) and income statement (profit/loss sheet) for the applicant company must be submitted with this renewal application. **PLEASE NOTE:** Owners of sole proprietorships must also provide a detailed personal financial statement.
 10. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever been arrested, indicted or convicted of criminal offense **since the last time this information was disclosed?** **Include past incidents that have only recently come to your attention, such as information about new employees.** Yes _____ No _____
 11. Have you or any owner, director, partner, member, employee, or agent of your organization ever used any alias or been known by any other name (other than "maiden/married")? Yes _____ No _____
 12. Has the applicant company or any owner, officer, director, partner, member, employee, or agent any of your organization ever had any license (other than driver's license) suspended, revoked, or denied or has any regulator imposed a fine or taken other type of disciplinary action **since the last time this information was disclosed as part of an application process?** Yes _____ No _____
 13. If the answer to questions 10, 11, or 12 is "yes", please attach a separate page giving details. If the answer to 10 **and/or** 12 is "yes", please provide photocopies of all legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, Court documents, etc.)
 14. Please provide a detailed business plan.

15. Please attach the name and address of each designated agent authorized to conduct business for the licensee.

16. (a) Applicant must provide proof of a surety bond in the principal sum of \$25,000 and an additional sum of \$5,000 for each location (i.e. agents) in excess of one but not to exceed \$250,000 at the time of application for renewal of license. The bond shall be continuous or shall run to the term of the renewed license, effective through midnight December 31, 2011.

OR

- (b) Applicant must provide an irrevocable letter of credit in the principal sum of \$25,000 and an additional sum of \$5,000 for each location (i.e. agents) in excess of one but not to exceed \$250,000 at the time of application for renewal of license. Letters of Credit must run to December 31, 2013.
- (c) If you are not providing a new surety bond, continuation certificate, or bond rider please attach a copy of the bond currently on file.
17. (a) The filing of all reports such as Report of DE Transaction Volume must be up to date. Licensees behind on filing will not be approved for a 2011 license until the missing reports are received by this office.
- (b) Please note all outstanding invoices must be paid before a renewal application will be approved.
- (c) **If you have been examined by this office and received a report listing violations, please note that you must respond to this office and clear the violations before a renewal application will be approved.**
18. This application must be accompanied by a license fee of \$230.00 per location to be licensed (not agents) plus \$4.60 for each location listed in Item 15 (agents) in excess of one. The \$4.60 fee shall not apply to any agent which is a state bank, credit union, trust company, national bank or building/savings and loan association. Make checks payable to *State of Delaware* and reference it to "Renewal Fee". **Applications received on or before the December 1, 2010 deadline, but without all required fees, will be considered as received late and treated accordingly.** Please provide the following information:

- | | | |
|-----|-------------------------------------|------------|
| (a) | Number of agents qualifying for fee | _____ |
| | | x \$4.60 |
| | = Total agent fee | _____ |
| (b) | Number of Licensed locations | _____ |
| | | x \$230.00 |
| | =Total fee for licensed locations | _____ |
| | (a) + (b) = Total check enclosed | _____ |

Name of applicant:

19. Address where records will be kept for examination purposes:

20. Address where actual examination will be conducted:

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said company, and that the information contained herein is true and correct to the best of my knowledge and belief.

Full Corporate Name

Corporate Seal

*___ Check here if you do not have a corporate seal.

***If company has had a seal in the past and no longer has one, please attach an explanation.**

Signed:_____
Principal

Sworn to and subscribed before me this _____ day of _____ 2____.

Signature of Notary Public

My Commission expires on _____.

NOTARY SEAL

SALE OF CHECKS AND TRANSMISSION OF MONEY

Name of Licensee: _____

EMPLOYER IDENTIFICATION NUMBER: _____

A contact and all requested information must be provided for each of the following categories:

Supervisory Assessment	_____	_____	_____
	Name and Title	Telephone #	Extension #
	_____	_____	_____
	Email Address		Fax #

	Mailing Address		
License Renewal	_____	_____	_____
	Name and Title	Telephone #	Extension #
	_____	_____	_____
	Email Address		Fax #

	Mailing Address		
Examination	_____	_____	_____
	Name and Title	Telephone #	Extension #
	_____	_____	_____
	Email Address		Fax #

	Mailing Address		
Complaints	_____	_____	_____
	Name and Title	Telephone #	Extension #
	_____	_____	_____
	Email Address		Fax #

	Mailing Address		
Public Contact	_____	_____	_____
	Name and Title	Telephone #	Extension #
	_____	_____	_____
	Email Address		Fax #

	Mailing Address		

Changes in the above contacts must be reported to our office immediately.

BUSINESS SURVEY

Licensee: _____

Please indicate the types of business in which your company engages under your Delaware Sale of Checks/Transmission of Money license: (check all that apply and return with your completed renewal application)

- ☐ Money Transmission
- ☐ Money Orders
- ☐ Travelers Checks
- ☐ Stored Value Cards
- ☐ Accelerated Payment Products

Contact Name, Phone Number and Date